

Sahtu

Health and Social Services Authority



Annual Report
2010-2011



North Slavey

K'éhshó got'íne xadá k'é hederí ɛedjhtl'é yeríniwé nídé dúle.

English

If you would like this information in another official language, call us.

Français

Si vous voulez ces renseignements en français, contactez-nous.

1-867-920-3367

Cover photos

Left: Irene Bridge (CHN), Nicola Brouillette (NP), Mario LaPlante (CHN), Valerie Yakeleya (clerk) and Dr. Chuck MacNeil at the Harriet Gladue Health Centre in Tulita;

Middle: Myrtle Harrison and Beverly Manuel (HSW) in Norman Wells;

Right: Johnny Vital and Bernadette Taniton (HSW) in Deline

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Board of Trustees



Gina Dolphus
Board Chair Person



Danny Bayha
Trustee for Déljné



Florence Barnaby
Trustee for Fort Good Hope

Alvin Orlas
Trustee for Colville Lake
(photo unavailable)

*Board positions vacant as of March 31, 2011: Trustee for Norman Wells,
Trustee for Tulita, Youth and Elder Representatives.*

Message from the Chair

Since the 2010-2020 Sahtu Health and Social Services Authority's (SHSSA) strategic plan was released, it has been a source of guidance for those on the Board, our staff, and the people of the Sahtu region.

With this annual report, we are able for the first time, to show clearly, the progress we have made in meeting our goals and objectives.

Communication remains central to everything we do. In last year's Message from the Chair there was a reference to our desire to have the Board become more visible and accessible in our communities. We feel this was accomplished through our annual report, regular public meetings and attendance at other important community meetings at the invitation of leaders.

With only half of the positions on the Board occupied, it is a challenge to be as accessible to the community as we would like. This is why the Board has been beating the bushes, so to speak, to find Sahtu residents interested in serving on our Board. The Board nomination period is closing at the end of this fiscal year, so by early next year the Board positions should be filled and the work the Board is tasked with can be shared amongst eight trustees instead of four.

We were able to continue our work on communication by conducting a survey of residents and employees, asking them what information is important to communicate, whom the information should come from and how well we are communicating with them. The survey will form the basis of a long-term communication plan.

In closing I would like to acknowledge the hard work of the Authority's Board and staff. The dedication these great people demonstrate is inspiring and is the reason for our success.

Thank you,



Gina Dolphus
Board Chairperson



Message from the CEO



From an administrator's perspective, fiscal year 2010/2011 was a success. We have begun to achieve the goals we set for ourselves in our strategic plan. It will be a long process, but we are definitely on the right track. In this report, we will show you a series of measures we have developed to keep track of our progress, and you will see how far we have come already.

You will see that many of the measures we have created are taken from our client's point of view – the people of the Sahtu region. And based on what we have heard so far, the people of Sahtu look at 2010/11 as a success for the Sahtu Health and Social Services Authority.

For an organization like ours that believes in continuous improvement, success comes with a lot of responsibility. We have raised the standard for ourselves, and will have to work even harder in upcoming years. I am very confident that we will continue to improve.

You will see the theme of improvement throughout this annual report. Some highlights for us were the Health Program Standards Compliance with improvement of 12% over last year, a 47% increase in the use of Telehealth, and perhaps most importantly, the client satisfaction result of 98% up from 83% in 2008. Any improvement we have shown has been the result of the hard work and dedication of all of our staff.

If you were to look closely at our strategic plan, you would see that we have identified creativity as an organizational value. Our creativity can generate success in many ways. One way we used our creativity this year was to move resources within the organization to address the tuberculosis (TB) activity in the region. TB cost the Authority about 4% of our funding this year, much higher than we had budgeted. The costs would have been much higher if we had not been flexible, making use of other areas of the organization to assist in our efforts. By having nurses and prevention and health promotion workers take on different responsibilities than they were used to, we were able to respond quickly to the need while keeping costs down. Congratulations to all staff involved in the TB work this year and for demonstrating just how creative and flexible we can be.

Thank you to the Board for setting the direction, the staff for working so hard, and the people of the Sahtu region for providing feedback and participating in your care.

A handwritten signature in dark ink, appearing to read 'Chad Fehr'.

Chad Fehr, CMA
Chief Executive Officer

Program Highlights



*Left: Rebecca Crouchman, Mental Health and Addictions Counsellor, speaks to students at Mackenzie Mountain School in Norman Wells;
Middle: SHSSA employees, left to right: Curtis Yamada, Julia Kubrakovich and Ida Lennie;
Right: Mental Health Counsellor BeAnna Lynne with her suicide prevention display*

Mental Health

Clients access the services of the SHSSA's mental health and addictions counsellors for a variety of reasons, including: addictions, depression, family counselling, and post traumatic stress disorder. In addition to one-to-one counselling, counsellors facilitate group workshops and school visits. Counsellors are active in the communities and are considered a valuable resource by the community and by their co-workers.

There were 41 suicide assessments completed this past year. Mental health counsellors or nurses do assessments when a community or RCMP member contacts SHSSA to determine if an individual is at risk of hurting him or herself. When a call comes in about suicide thoughts, attempts or completions, the team at SHSSA goes on high alert, following a staff suicide protocol to inform the right practitioners of suicide-related activity. This ensures clients and families get the support they need quickly.

Community members were also taught tools to successfully intervene during suicide-related events, through Applied Suicide Intervention Skills Training (ASIST) workshops held in 2009.

There were fewer suicide attempts and fewer confirmed completions than last year. Working closely with other departments and agencies within the Sahtu, individuals who are contemplating suicide have an intervention where support and alternative solutions are offered, including counselling, referral to treatment centres and community support. In cases where alcohol is involved, counselling focuses on the person's relationship to chemicals and support is offered to quit or reduce use.

Creating a dialogue about bullying

Given that teen suicides are often rooted in bullying, Mental Health Counsellor, BeAnna Lynne was pleased when she was called in to speak to teenaged girls about bullying.

She spoke to the early primary children twice and to teenaged girls three times. Her meetings with the teenaged girls had special impact. In the first and second sessions, Lynne and a teacher handed out pieces of paper to each girl, asking them to write down a time they were bullied, had seen bullying or were the bully, and then asked them to describe how it felt. Lynne and the teacher read the notes and then started a dialogue with the girls about the consequences. "It became more like a sharing circle than a lesson. It was powerful to feel the girls understand each other," says Lynne.

On the third visit, after the paper exercise emotion was high, Lynne gave the girls a journal to write in. "The journal offered a safe way to go deeper into the issues they were dealing with," says Lynne. After they finished writing, Lynne and the teacher gave the girls the option of leaving their journals for them to read and discuss privately. All but two participated, indicating a high level of trust and a desire to find different ways of dealing with their problems and emotions.

Lynne is hoping to continue these sessions in the upcoming school year.



Maurie Kodakin, Community Social Service Worker Maurie Kodakin (top) and Mental Health and Addictions Counselor Jennifer Basler-Cameron

Social Services

Much of the work SHSSA social workers do day-to-day revolves around children and the adults around them. In all their work, SHSSA social workers remain sensitive to the culture, traditions beliefs and practices of the community. They often use tools like the medicine wheel to work with mental, spiritual, emotional and physical health to help clients to identify their issues and create a plan to deal with them.

Besides working to protect children, SHSSA social workers help with adoptions, foster care, supporting elders and helping families develop plans to support children and adults with disabilities — often by helping to find resources.

In addition to this work, three SHSSA social workers attended the Dene National Assembly in Fort Good Hope in the summer of 2010 — talking to people, absorbing the culture and getting to know those they serve. The team also helps with Family Violence Week, Justice Week and community festivities during the year.

A new service that has been helping Sahtu community members find the answers they need is the toll-free telephone number introduced last fall. Now, anyone can contact a social worker 24 hours a day, which is really helpful when information is needed quickly. The Telehealth videoconferencing system is also available when social workers can't do a face-to-face meeting.

Maurie Kodakin: empowering families through knowledge and support

Social workers are often met with fear and distrust, but Maurie Kodakin and her social services family are working to change how people see social workers in the Sahtu. "We learn so much from each other. We're a family, and we support each other to do the best we can by being respectful and treating our clients with the dignity they deserve — especially in difficult situations," says Kodakin.

Kodakin, who was born and raised in the Sahtu, went south for university degrees in Aboriginal and Indigenous Studies. She worked in social justice and activism on Reserves and in hospital settings before she felt the North calling and completed her social work degree. "I wanted something bigger and social work is a natural fit because there are so many areas to move into," she says. "The rewards are incredible. The changes I've seen over the past year have made me so proud. Some young people struggle with raising their children, but by helping them to understand the system and their rights, I see a turnaround and less Social Services involvement."

Since she started with the SHSSA, Kodakin has been working to develop relationships and keep updated about what support groups and services are available in each community. "Our ultimate goal is to ensure the safety and wellbeing of children, but we work with families to be part of the solution and to make positive changes."

Chronic Disease Management and Continuing Care

For the first time in history chronic diseases, like diabetes, heart disease and cancers are responsible for more deaths than diseases you get from someone else like tuberculosis or AIDS. People live an average of 20 to 30 years with chronic diseases, so disease management has become a high priority for health organizations and governments.

Studies show when people are involved in the process, they are more likely to change to healthier life styles. This helps prevent some diseases and reduces the impact of others — helping the people to live longer, with fewer sick days and a more enjoyable life. The SHSSA has been active in providing community level programs to:

- **promote healthy lifestyles**, through education and activities like the Dove Self Esteem Program in schools, the importance of eating healthy foods and keeping active with Elders in Motion;
- **screen for detection of chronic diseases** like high blood pressure, diabetes, colon and breast cancers; and
- **develop programs to help clients manage chronic diseases** like diabetes, mental illness and renal care.

The SHSSA has developed several initiatives, many of which will soon be available in communities across the NWT.

The **Aboriginal Diabetes Initiative** was a two-day learning session for Home Support Workers, Health Promotion and Prevention Workers, Community Health Workers, and community members with diabetes. This session allowed those attending to host events that teach their community about diabetes and how to manage it.

A **Community Respite Program** workshop was held to talk about what people with illness or disability need in order to stay in their home community. Participants, caregivers and other community members helped the SHSSA to understand how to make this program a success when it becomes available.

Creating **Standards of Care for Continuing Care** for group homes, home care and long term care facilities help the Authority to provide a high standard of care to our community members, so they can remain in their communities as long as possible. The creation of the **Territorial Access Committee (TAC)** allows community members fair access to long term care beds to shorten wait times for placement. In the future, the Authority hopes to have a similar process for respite care in long term care facilities.

Left: Community Health Nurse Marisol Beaudry works with a patient in Norman Wells;
Middle: Residents enjoy the Health Benefits of Fish workshop in Fort Good Hope, March 2011;
Right: Caren Burke, Coordinator, Prevention & Health Promotion



Prevention and Health Promotion

Prevention and Health Promotion Workers (PHPWs) provided individual client counselling by appointment or drop-in to over 700 clients. They provide support or help clients to find the professional help they need.

PHPWs also reach out to people in their community by visiting nearly 800 community members to offer health information or a friendly visit. This helps to build strong relationships and provide valuable information and support.

The team also worked closely with the community health nurses in helping with the recent outbreak of tuberculosis in Déljné. PHPWs assisted with distributing and monitoring medication, data collection, follow-up appointments and monitoring patients for side effects and their general well-being.

A pilot program of weekly active living events and nutritional lunches was also launched in Norman Wells. Two favourite events included Nordic walking and armchair yoga. The Elders enthusiastically participated and enjoyed each social outing.

PHPWs continue to strengthen their partnership and collaboration with the Primary Community Care teams. This positive relationship building has proven we are stronger when we work together.

*Left: Nordic walking in Norman Wells, September 2010;
Middle: A youngster enjoys the Health Benefits of Fish workshop in Tulita, March 2011;
Right: SHSSA Board Chair Gina Dolphus (left) with Rosemary Elernie and Donald Yukon, Prevention and Health Promotion Workers*



There's something fishy going on in the Sahtu!

One of the highlights of the Prevention and Health Promotion program in 2010/11 was a series of workshops in each of the Sahtu communities celebrating the "Health Benefits of Fish."

Without a doubt, fish is one of the most important and frequently eaten traditional foods in the Sahtu. And that's a very good thing because eating the fish that come from local waters is a very nutritious food choice. To highlight the benefits of including fish in the diet, and to celebrate this natural resource, SHSSA delivered a workshop and held a feast in each community this past March.

A brochure was developed to provide the important nutritional information about including fish in your diet. A deck of cards was designed with a colourful fish logo, which also helped show the recommended portions to eat. Each community was very involved in the celebration and helped by preparing a variety of fish dishes.

Over 200 people in the Sahtu region came out to the workshops and celebrations. During these workshops the Health Authority distributed 700 brochures and 450 decks of cards.

The workshop was a huge success in all the communities. Not only did it deliver key information about the health benefits of eating fish, but it created a festive atmosphere and an inviting venue for the communities to enjoy the fellowship of family and friends.

Report on Quality & Risk Management

Making sure your private information is both secure and easily accessible is important for the Sahtu Health and Social Services Authority.

2010-11 was a learning experience for the Authority when it came to information security. An updated privacy policy system was introduced in 2009 and the plan was to judge its strengths and weaknesses this past year. However, an incident involving the accidental faxing of confidential papers led us to improve security measures much faster.

There is now a new and much more secure way of sending patient information to health care providers outside of the Sahtu region. Employee understanding of privacy law has been improved through training and by hiring a director of quality and risk management.

Greater steps are being taken this year to earn your trust when it comes to the security and protection of your private information. SHSSA's privacy policy is being reviewed to make sure it is up to very strict standards.

SHSSA's new director of quality and risk management will make sure all staff know the standards, the law and privacy measures that protect your personal information.

Upgrades to the electronic incident reporting system have also improved the safety and quality of SHSSA's services. These upgrades make it possible to include more detail in employee reports. This allows for a better look at what is happening and makes it easier to fix problems and prevent incidents.

There will be more improvements this year, this time to the Medevac and Schedevac programs. We are now focusing on adapting our incident reporting system to track the productivity and efficiency of the programs. By tracking each event, any weaknesses in the Medevac and Schedevac programs will be discovered and corrected.

It won't end with that. SHSSA is always looking for new ways to make sure the best possible services are delivered with the highest standards of privacy.

*Left: Community Social Service Worker Joan Stinson;
Middle: Community Health Nurses in Norman Wells (L-R):
Joyne Kwon, Marisol Beaudry and Tommy Savoie;
Right: Nurse in Charge for Deline, Wendy Flood*



Measuring SHSSA's Progress

In 2009, the Sahtu Health and Social Services Authority (SHSSA) developed a 10 year strategic plan. This plan focuses on goals and objectives for promoting, maintaining and improving the health of the people in the Sahtu region.

To gauge how effectively operations are in line with the strategic plan, the Authority is measuring its progress in 13 different ways. Every time someone comes to a health or wellness centre in the Sahtu, they are asked to complete a survey. It's from these surveys that the Authority is tracking how it measures up in many of the areas it tracks. Over 500 client surveys have been collected so far, and the responses have been encouraging.

Measure #1 - Client Services

SHSSA is working hard to meet the needs of clients by focusing on three objectives: increasing accessibility to services, creating a client bill of rights and responsibilities, and managing health information securely, efficiently and effectively. Your overall rating of service is an indication of whether SHSSA is meeting the mark. It was rewarding to see the Authority has improved from 83% satisfaction in 2008 to 98% client satisfaction in this survey.

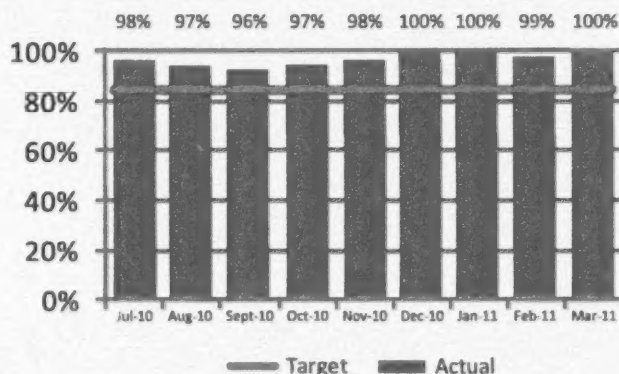
96% of people surveyed say that access to services is excellent or good. And about 80% feel they were aware of their rights and obligations as a SHSSA client. This is higher than expected.

Clients do not have a good understanding of how SHSSA collects and uses their health information. It will be a priority going forward to do a better job of helping you understand more about how technology is being used to improve health services.



Home Support Worker Beverly Manuel in Norman Wells with client Myrtle Harrison.

**Overall, how would you rate the care you received?
% response answered excellent or good**





Left: A speech therapy session for a young Sahtu resident;

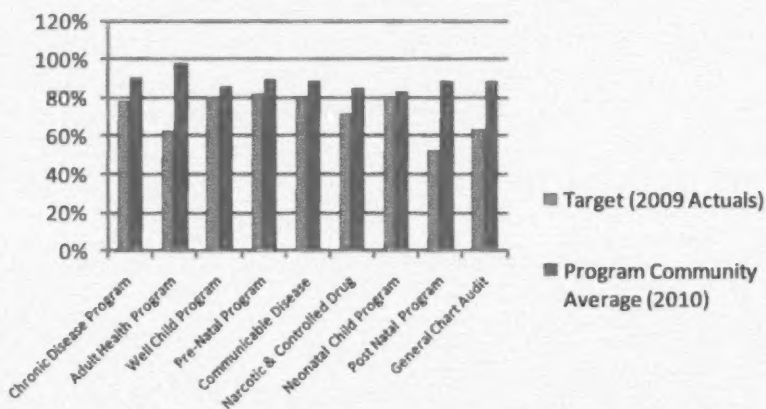
Right: Community Health Nurses Trina Skinner (left) and Lynn Williams (centre) with Marily Bomersine, SHSSA's Manager of Health Services

Measure #2 – Program Audit Compliance

This measure tells us how SHSSA's health programs are meeting the NWT program standards. Progress is measured by comparing this year's results to last year's.

Last year's targets have been surpassed for every program, and so a new standard has been set for next year.

2010 Health Program Audit Results



Measure #3 - Child & Family Service Case Management Standard Compliance

Similar to measure #2, SHSSA wants to measure its success in meeting the standards set by the GNWT Department of Health and Social Services to protect children. SHSSA is working with the GNWT Department of Health and Social Services to develop a tool that allows us to evaluate how effectively we are meeting the department's standards.



Jodie and Ryden Boniface (left) with Mario Laplante, Community Health Nurse.

Measure #4 – Stakeholder Communication Survey

It is important to SHSSA to be good at communicating with clients, stakeholders, and employees. But before communication can be improved, the Authority needs to know what's important to its clients. That's why, in this new fiscal year the Authority has conducted a survey that asks these questions. This will provide a baseline against which the Authority can measure its improvement.

Some findings from the survey:

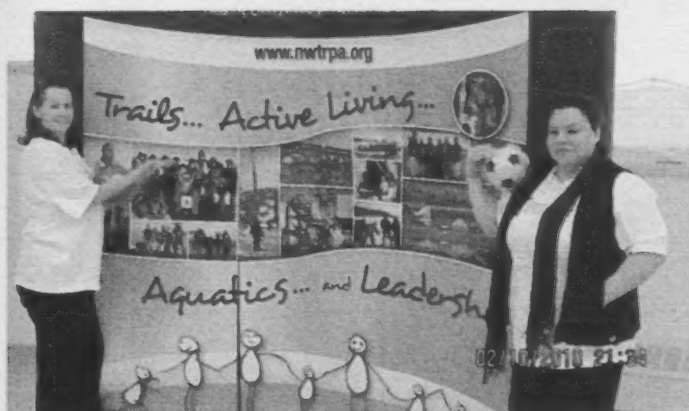
- Over 80% of employees are "very interested" in information about what SHSSA staff are doing in other Sahtu communities, but fewer than half say they are receiving enough information.
- Clients are most interested in receiving information on the confidentiality of their personal information, staying healthy, mental health, and addictions. On average, 67% of respondents felt they get enough information in these areas.

Client Survey Responses

Area of Interest	% Interested	% Not Receiving Enough Information
Personal information is confidential and how it is used	90.3	36.3
Staying healthy	82.2	29.1
Mental health and addictions	82.1	33.8
Emergency services after regular hours	76.1	42.8
Medical travel	75.9	35.8
SHSSA's plans	74.7	49.2
Rehabilitation programs and services	70.1	45.6
Continuing care programs and services	70.1	38.3

Employee Survey Responses

Area of Interest	% Interested	% Not Receiving Enough Information
Things that effect personal employment	97.3	22.1
What other staff or service areas are doing in my community	91.9	27.0
Health and Social Service policy decisions	86.5	16.2
What staff are doing in other communities	81.1	32.4
SHSSA Board "Big Picture"	81.1	10.8
Initiatives by other Authorities	75.7	35.5
SHSSA Board policy and decisions	73.0	8.4
Employee committees	54.1	29.4



Measure #5 - Health Promotion Participation Rates

The Authority wants to measure how well it's reaching Sahtu residents with health promotion activities. Some activities, such as the elder's luncheon, are for very specific groups, while with others have much broader appeal.

SHSSA had a surprisingly high 93% participation rate amongst those it had targeted for health promotion activities.

The Prevention and Health Promotion Workers have been working closely with Primary Community Care teams; this strong relationship has proven that teamwork benefits everyone.

Activities were held on a number of topics, including these:

- Active living
- Bicycle safety
- A luncheon for elders
- Family fun night
- Hand washing
- Interpretation services
- Radio information session
- Reaching out

Measure #6 - CFIS Standard Compliance

SHSSA staff make decisions based on information entered into computer databases. In order to make good decisions, Authority staff need to make sure the information on computer is correct and complete. SHSSA is working with the GNWT Department of Health and Social Services to develop a tool that allows us to evaluate how effectively we are meeting the department's standards.

Top to bottom:

Caren Burke (left), Coordinator, Prevention and Health Promotion and Kara Hendrie, Casual Home Support Worker;

Young Norman Wells residents gear up for the Bike Rodeo;

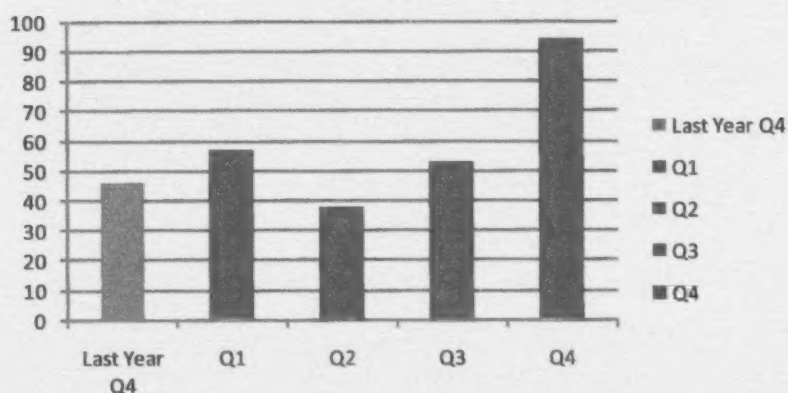
The Elders lunch in Tulita;

An enthusiastic group gets ready for some Nordic walking in Norman Wells, September 2010.

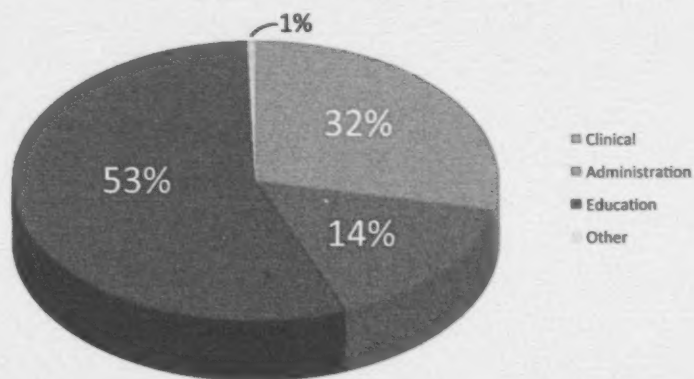
Measure #7 - User Uptake

This measure shows SHSSA's level of success in accepting new technology. For 2010/11, the technology tracked was Telehealth. The plan is to maximize the use of Telehealth. Telehealth allows the Authority to increase access to services and decrease costs.

Quarterly Telehealth Sessions



SHSSA Telehealth Usage Percentages April 1, 2010 - March 31, 2011



Measure #8 - New Technology Implemented

Number of Technological Advancements by Community

	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Total
Déjine	0	1	1	0	2
Fort Good Hope	0	1	1	0	2
Norman Wells	1	2	0	0	3
Regional	1	3	0	0	4
Tulita	1	0	1	0	2
Total	3	7	3	0	13

Authority management believes that measuring new technology introduced will show that the Authority is open to changing its operations to become more efficient. The more comfortable with technological change it becomes, the easier it is to implement larger or more complex technologies in the future.

This year new technologies like more advanced telephones, payroll and other financial analytical tools, and scheduling software for health centres were introduced. See the graph for a community-by-community summary.



Caroline Newberry, a Senior Communicable Disease Specialist with SHSSA.

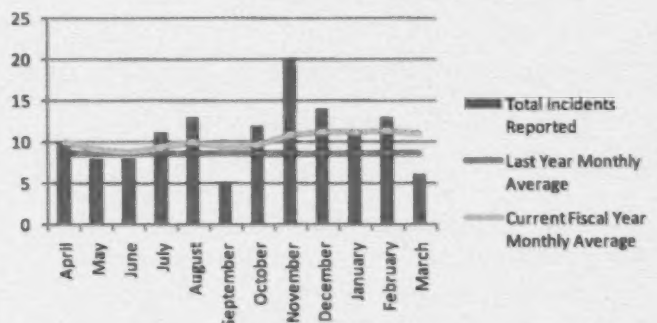
Measure #9 - Incident Reporting Change

An incident is anything from a paper cut to a fall or unexpected death. Many incidents don't actually happen – they are reported as almost happening or a near miss. The Authority wants to measure changes in how many incidents are reported from one month to the next and year over year. An increase at first is a positive sign. It means that nothing is being missed, and people are comfortable reporting incidents. Incidents are reported and tracked so that work can be done to reduce those things that cause incidents.

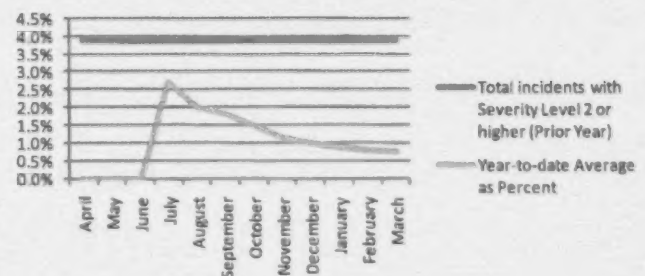
Measure #10 - Incident Severity

Incident severity measures how many incidents result in harm. In 2010-2011, there was one case of an incident causing harm. The Authority considers this one case too many.

Incident Reporting Change

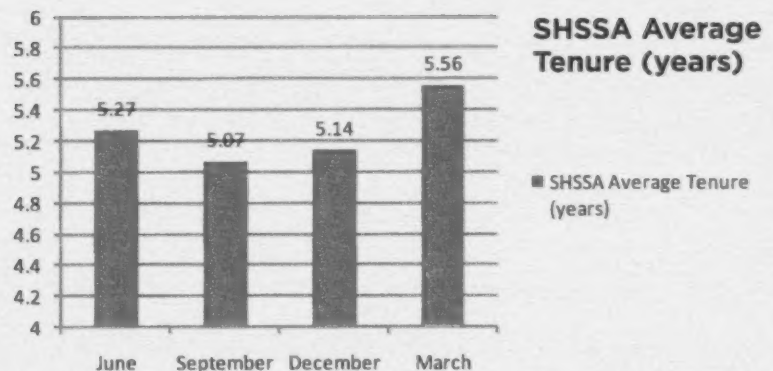


Incidents That Cause Harm as % of Total Reported



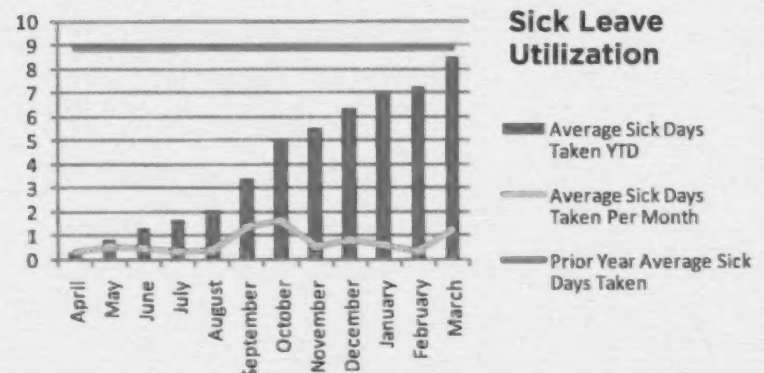
Measure #11 - Tenure with SHSSA

When employees stay for the long term, it's a sign that they are happy. Having long-term employees also lets the Authority focus on improving services rather than constantly having to recruit and hire new employees.



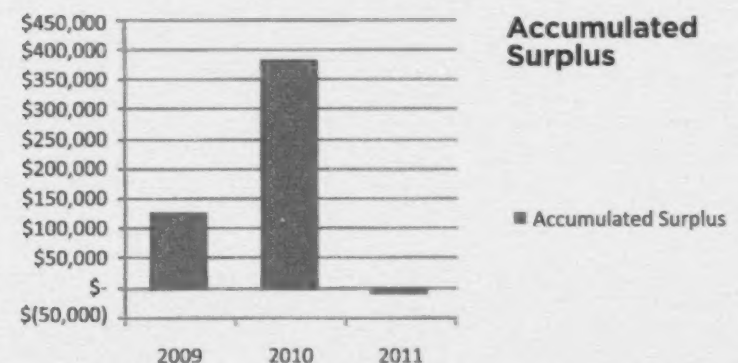
Measure #12 - Sick Leave

Sick leave is a measure of an organization's wellness. At SHSSA, on average each employee used about 8.5 sick days this year, which is lower than last year by half a day. If you don't count those on extended leave (longer than 30 days) the average becomes just over six days per employee.



Measure #13 - Surplus (Deficit)

SHSSA's annual surplus or deficit is measured once per year after financial records have been audited. 2011 showed an accumulated deficit of \$4,556. The tuberculosis outbreak this year consumed all of the accumulated surplus and more.



Financial Statements





AVERY, COOPER & Co.

Certified General Accountants

Toll-Free: 1-800-661-0787

Website: www.averycooper.com 4918 - 50th Street, P.O. Box 1620

Yellowknife, NT X1A 2P2

Telephone: (867) 873-3441

Facsimile: (867) 873-2353

Gerald F. Avery, FCGA

W. Brent Hinchey, B. Comm., C.G.A.

Cathy A. Cudmore, B. Rec, C.G.A.

INDEPENDENT AUDITORS' REPORT

To the Minister of Health and Social Services
Government of the Northwest Territories

Report on the Financial Statements

We have audited the accompanying financial statements of the Sahtu Health and Social Services Authority, which comprise the Balance Sheet as at March 31, 2011, and the Statement of Operations, Equity and Changes in Financial Position for the year then ended. We have also audited the revenue and expenditures of all programs funded through contribution agreements by the Department of Health and Social Services which total \$50,000 or more as listed in Schedule C and F.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation of these financial statements in accordance with the Finance and Administration Act of the Northwest Territories ("the Act"), and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion of the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

Except as noted in the following paragraph, we believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

The GNWT is responsible for the calculation and distribution of the salaries and wages that appear on the statement of operations, the accuracy of which is not susceptible to complete audit verification. We have satisfied ourselves that the payroll information provided by the GNWT was accurately reflected in the Authority's records.

Opinion

In our opinion, except for the effects of adjustments, if any, which may have been determined to be necessary had we been able to do a complete payroll audit, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2011 and the results of operations and the changes in the financial position for the year then ended.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 2 to the financial statements, which describe the basis of accounting. The financial statements are prepared for the Department of Health and Social Services to meet the requirement of the Act referred to above. As a result, the financial statements may not be suitable for another purpose.

Report on Other Legal and Regulatory Requirements

We further report, in accordance with the Financial Administration Act, in our opinion, proper books of account have been kept by the Sahtu Health and Social Services Authority, the financial statements are in agreement therewith and the transactions that have come under our notice have, in all significant respects, been within the statutory powers of the Authority.

Avery, Cooper & Co.

Avery, Cooper & Co.
Certified General Accountants
Yellowknife, NT
June 10, 2011

Sahtu Health & Social Services Authority

Balance Sheet

As of March 31, 2011

ASSETS		2011	2010
Cash		887,440	1,120,469
Accounts Receivable		531,647	713,333
Prepaid Expenses		-	834
		<u>1,419,087</u>	<u>1,834,636</u>
LIABILITIES			
Current Liabilities			
Accounts Payable		505,729	487,755
Employee Leave and payroll related Liabilities		488,460	529,232
Employee Leave & Termination Benefits (Note 3)		163,406	201,533
		<u>1,157,595</u>	<u>1,218,520</u>
Long Term Liabilities			
Employee Leave Termination Benefits (Note3)		266,048	232,499
EQUITY			
Operating Fund - per Statement of Equity		(4,556)	383,617
		<u>1,419,087</u>	<u>1,834,636</u>

Approved:

Gina Dalphus Chairperson

Chris Chief Executive Officer

Sahtu Health & Social Services Authority

STATEMENT OF OPERATIONS

For the year ended March 31, 2011

	2011 Budget (unaudited)	2011 Actual	2010 Actual (restated)
REVENUE			
Territorial Operating Advance (Schedule A)	\$ 10,469,000	\$ 10,204,036	\$ 10,528,141
Other Recoveries (Schedule B)	75,000	159,581	105,933
Other Revenues (Schedule C)	877,795	821,498	1,510,340
Non-insured Health Benefits (Schedule E)	96,000	177,403	116,999
Investment Revenue	9,600	18,926	6,682
	11,527,395	11,381,444	12,268,095
EXPENDITURES			
Administration (Schedule D)	1,266,026	1,338,782	1,449,471
Ambulatory Care Services (Schedule D)	851,000	705,036	645,062
Community Health Services (Schedule D)	6,942,195	7,107,084	6,976,619
Social Services (Schedule D)	1,967,393	2,159,251	2,030,035
Education (Schedule D)	404,781	282,061	794,032
Non-Insured Expenses (Schedule E)	96,000	177,403	116,999
	11,527,395	11,769,617	12,012,217
OPERATING SURPLUS (DEFICIT)	0	(388,173)	255,878
UNFUNDED ITEMS			
Change in employee leave & termination benefits	-	(4,578)	48,309
SURPLUS (DEFICIT) Before the Following	\$ 0	\$ (392,751)	\$ 304,186
Tangible Capital Assets - Rent Expense (Note 1)		(284,730)	(284,731)
Grant-In-Kind - GNWT		284,730	284,731
SURPLUS (DEFICIT)	\$ 0	\$ (392,751)	\$ 304,186

Sahtu Health & Social Services Authority

Statement of Equity

For the year ended March 31, 2011

	<u>2011</u>	<u>2010</u>
<i>Balance, Beginning of the year</i>	383,617	127,739
<i>Transfer from Special Projects Reserve</i>	-	-
<i>Current Year's Operating Surplus (Deficit)</i>	<u>(388,173)</u>	<u>255,878</u>
<i>Adjusted Balance, end of year</i>	<u><u>(4,556)</u></u>	<u><u>383,617</u></u>



Sahtu

Health and Social
Services Authority

Annual Report 2010-2011